

APPLICATION FORM  
CITY OF MOUNTAIN VIEW  
PROPOSAL TO CONTRACT WITH THE CITY  
TO PROVIDE PUBLIC SERVICES, HOUSING OR OTHER CAPITAL PROJECTS

This application form is designed to serve as an application for either the Community Development Block Grant (CDBG) Program, the HOME Investment Partnership (HOME) Program or the City's General Fund.

All agencies funded by the City of Mountain View will be required to submit regular reports regarding progress, expenditures and clients served. Agencies funded with CDBG or HOME funds will also be required to comply with all Federal requirements, including verification of client income.

In completing the application form, please be succinct regarding your proposal. It is very important that you complete all the information requested. Be sure to use a separate application for each distinct project. If your project involves a capital project, the attached listing of supplemental material must also be submitted.

Date: \_\_\_\_\_

\_\_\_\_\_  
Requesting Agency

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Contact Person/Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-Mail

1. Application Summary

a. Funding Requested For: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Amount requested from the City of Mountain View  
for the service (program/project/activity) to be provided: \$ \_\_\_\_\_

c. Have you requested funds from the City of  
Mountain View for this service before? \_\_\_\_\_

(1) If "Yes," what year? \_\_\_\_\_

(2) Requested amount? \$ \_\_\_\_\_

(3) Were you funded? \_\_\_\_\_ How much? \$ \_\_\_\_\_

d. Total Anticipated Cost of this Service (i.e., Total  
Program Budget for All Clients to be Served for  
Mountain View and Other Jurisdictions): \$ \_\_\_\_\_

e. Mountain View's Requested Share of  
the Total Program Budget (%): \_\_\_\_\_ %

f. Total Amount Requested from Other Entities  
for this Service: \$ \_\_\_\_\_

g. Number of Mountain View Residents Who  
Would Benefit Directly from this Service, as Identified  
Under Section 6a and 6b of this Application: \_\_\_\_\_

h. Number of Mountain View Residents on your Board: \_\_\_\_\_

2. Cost Breakdown (Expenses)

Detailed breakdown of the total cost of the activity, including any cost to be funded from other sources.

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3. Funding Sources (Revenue)

List all funding sources and amounts for the project. Include Mountain View in your list. Identify funding which is pending versus that which has been obtained. If funds requested from Mountain View are not being leveraged with other funding sources, explain why.

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4. Funding Necessity

Why is City funding of the proposed project necessary?

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5. Schedule and Performance Measures

How will the effectiveness of your program be measured? Over what time frame?  
Identify specific performance/workload measures.

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6. Clientele Information

a. Current Clientele:

- (1) How many clients does the program currently serve on an annual basis? \_\_\_\_\_
- (2) How many of these clients are Mountain View residents? \_\_\_\_\_
- (3) How many of the program's total clients are very low and low income (earning up to 80 percent of median income as adjusted by HUD)? \_\_\_\_\_
- (4) How many of the Mountain View clients are very low and low income? \_\_\_\_\_

Please provide an explanation of the basis for these statistics (e.g., intake forms, surveys, etc.). You should also note whether a verification of income is done and if so, how this is accomplished.

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b. Projected Clientele:

NOTE: The information provided in this section combined with the client information under Item 6a (above) should equal the number of Mountain View clients to benefit from the service shown on 1g.

- (1) Will the proposed assistance result in an increase in the number of clients currently being served by the agency?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
(If Yes, continue; if No, go on to No. 7.)

- (2) How many total additional clients are expected to be served? \_\_\_\_\_
- (3) Of the total additional clients, how many are expected to be Mountain View residents? \_\_\_\_\_
- (4) How many of the total additional clients are expected to be very low and low income? \_\_\_\_\_
- (5) How many of the additional Mountain View clients are expected to be very low and low income? \_\_\_\_\_
- (6) What is the basis of the projection of additional clients?
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7. Clientele Demographics

Age breakdown of the projected Mountain View clientele.

- a. Youths (infants to 18 years) \_\_\_\_\_ %
- b. Adults (ages 19 to 62) \_\_\_\_\_ %
- c. Seniors (ages 63 and over) \_\_\_\_\_ %

8. Financial Statements/Audit and Budget

Attach a copy of the agency's most recent financial statements/audit report and current budget.

9. Board Membership

Please list your board members. Be sure to include the city of residence for each (attach a separate list if you wish).

<u>Name</u>	<u>City of Residence</u>	<u>Date of Appointment</u>

I certify that the above is true and correct, and any material changes will be brought to the attention of the City as soon as noted.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Contact Person (if different from above)

\_\_\_\_\_  
Phone Number

AG/1/CDD  
850-12-05-01ap^